

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between Shirley M. Payne
NKA Shirley M. Collums, Grantor, and Rachel Thornton, an unmarried woman, Grantee,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00),
cash in hand paid by the Grantee to the Grantor, and other good and valuable considerations, the
receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby convey and
warrant, except as hereinafter set forth, unto the Grantee, the following described property, together
with the improvements, hereditaments and appurtenances thereunto belonging, located in the
County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:

Lot 1039, Section A, Southaven West Subdivision, in Section 23,
Township 1 South, Range 8 West, DeSoto County, Mississippi, as
per plat thereof recorded in Plat Book 2, Pages 43-46, in the office of
the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation JAMES CLIFFORD PAYNE died on Nov. 1, 1994.

TO HAVE AND TO HOLD unto the Grantee, his/her heirs and assigns, in fee simple
forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet
due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local
governments affecting the use or occupancy of the subject property.
- 3) Any and all matters which would be disclosed by an accurate survey of current date
and/or an actual inspection of said property.

c:\property\wd

STATE MS.-DE SOTO CO.
FILED

APR 21 4 16 PM '98

BK 331 PG 268
W.E. DAVIS CH. CLK.

By acceptance of this deed, Grantee herein, as part of the purchase price and consideration for this deed, assume the obligations and agree to pay the indebtedness evidenced by that certain Deed of Trust made by James Clifford Payne and wife, Shirley M. Payne on July 31, 1987 to Bank of Mississippi which Deed of Trust is recorded in the office of the Chancery Clerk of DeSoto County, Mississippi, in Real Estate Trust Deed Book 410, Page 702. And for the same consideration Grantees hereby assume the obligations of James Clifford Payne and Shirley M. Payne, under the terms of the Deed of Trust and the Note creating the loan, to indemnify the Department of Veterans Affairs to the extent of any claim payment arising from the guaranty of insurance of the indebtedness above mentioned. This liability to the Department of Veterans Affairs is under the authority of Chapter 37, Title 38 of the United States Code, and supercedes any State or local law barring or limited deficiencies following foreclosure of real property.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 21st day of

April, 1998.

Rachel Thornton
Rachel Thornton

Shirley M Collums
Shirley M. Collums

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Shirley M. Payne NKA Shirley M. Collums, who acknowledged that he/she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 21st day of April, 1998.

Rinda Kay Wheeler
NOTARY PUBLIC

(SEAL)

My Commission Expires:
8/9/99

ADDRESS OF GRANTOR:

6952 Hwy 334
Pontotoc, MS. 38863
Home: 488-0415
Work: 488-0415

ADDRESS OF GRANTEE:

1572 Brookhaven Drive
Southaven, Mississippi 38671
Home: 393-2416
Work: 393-2416

PREPARED BY AND RETURN TO:
HOLCOMB DUNBAR, P.A.
P. O. BOX 190
SOUTHAVEN, MS 38671-0190
(601) 349-0664

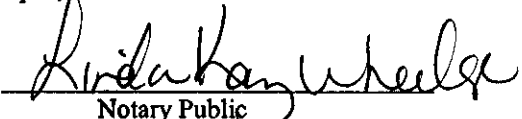
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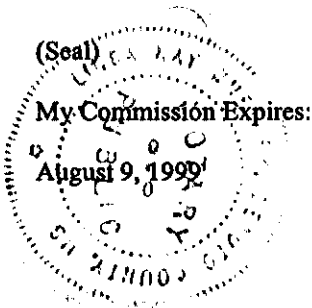
STATE OF MISSISSIPPI

COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Rachel Thornton, who acknowledged that she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 21st day of April, 1998.


Notary Public



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0331 PG0772

TYPE OR PRINT
WITH BLACK INK

FILING DATE NOV 16 1994

CERTIFICATE OF DEATH

STATE FILE NUMBER 123

DECEASED	1. NAME First Middle Last James CLIFFORD Payne			2. SEX Male	3a. HOUR OF DEATH 9:10 A.M.	3b. DATE OF DEATH (Month, Day, Year) November 1, 1994
	4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 56 Years		5b. MOS 5c. DAYS 5d. HOURS 5e. MINS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY	
	7b. CITY OR TOWN OF DEATH Southaven		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) BMH-Desoto 17B		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA INPT.	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		11. SURVIVING SPOUSE (If wife, give name) SHIRLEY WILLARD	
If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14. SOCIAL SECURITY NUMBER 429-66-4096		15a. USUAL OCCUPATION (Kind of work done) OFFICE MANAGER	
	16a. RESIDENCE-STATE MS		16b. COUNTY DESOTO		16c. CITY OR TOWN SOUTHAVEN	
	16d. INSIDE CITY LIMITS (Specify Yes or No) YES		16e. STREET AND NUMBER OR RURAL LOCATION 1572 BROOKHAVEN DR.			
	18a. RESIDENCE-STATE MS		18b. COUNTY DESOTO		18c. CITY OR TOWN SOUTHAVEN	
For RESIDENCE item, enter actual location of home rather than mailing address	17. FATHER-NAME First Middle Last VIRGIL DOYLE PAYNE			18. MOTHER-NAME First Middle Maiden JESSIE LEE NEELY		
	19a. INFORMANT-NAME (Type or print) SHIRLEY PAYNE			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1572 BROOKHAVEN DR. SOUTHAVEN, MS. 38671		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY-NAME FOREST HILL SOUTH		20c. LOCATION (City and State) MEMPHIS, TN.	
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER IFOREST HILL SOUTH FUNERAL HOME		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2545 E. HOLMES RD. MEMPHIS, TN. 38118			
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) James R. Lewis, M.D.			22b. PRONOUNCED DEAD (Month, Day, Year) ON 11/01/94		22c. PRONOUNCED DEAD (Hour) AT 9:10 A.M.
CERTIFIER	23a. CERTIFIER-NAME (Type or print) Steven D. Majors, M.D.			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1575 Stateline Road Southaven, MS 38671		
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE			24b. DATE SIGNED (Month, Day, Year) 11/01/94		
	24c. STATE LICENSE NUMBER 11518			24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		
	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE			24f. DATE SIGNED (Month, Day, Year)		
CAUSE OF DEATH	25. PART I: IMMEDIATE CAUSE (Enter one cause only): (a) Pulmonary Embolus (b) Deep Venous Thrombophlebitis (c) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only): (d) DUE TO OR AS A CONSEQUENCE OF (Enter one cause only):					Interval between onset and death
	26. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I					Interval between onset and death
	27. AUTOPSY (Yes or No)					28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)					29b. DATE OF INJURY (Month, Day, Year)
Use if death NOT due to natural causes	29c. INJURY AT WORK (Yes or No)		29d. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29e. HOUR OF INJURY	
	29f. LOCATION		29g. STREET OR ROUTE NUMBER		29h. CITY OR TOWN	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. M.D.

F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

November 22, 1994

Nita Cox Gunter

Nita Cox Gunter
STATE REGISTRAR

WARNING:

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